

Mailing/Shipping LABEL to take to Shipping & Receiving (Mailroom)

Option 1: Mailing (USPS/letters, manila envelopes, etc.)

1. Describe item(s) to be mailed: _____
2. Charge as follows: (Account - Fund - Department - Project) _____

Option 2: Shipping Freight

1. Contents/Reason for shipment (#boxes): _____
2. Charge as follows: (Account - Fund - Department - Project) _____

3. Choose one

- Shipment must arrive by _____
(date): _____
- No arrive by date

4. Choose requested carrier service (drop at Shipping & Receiving by noon for overnight)

- UPS Ground UPS Next Day Air World Wide Shipping
 Freight Service FedEx No Preference
 UPS 2nd Day Air USPS

5. Sender: Sender's name _____
 Sender's Department _____
 1 Harpst Street
 Arcata, CA 95521

6. Ship to address: Vendor/Person Name _____
 Vendor/Person Name _____
 Additional Info _____ (order #, RMA#, etc.)
 Street Address _____
 Street Address _____
 City, State, Zip _____
 Phone # _____

7. Specialty Instructions (select all that apply)

- Insurance needed. Shipment value is \$ _____. (If international, attached required itemized list)
- Prepaid label needed for return shipping
- Item(s) will be returned at vendor's expense. Account info: _____
- Item(s) are on a PO. PO#: _____
- Reason for return: _____

Thanks for your help!

Sender's Name

Date taken to Shipping/Receiving/Mailroom

